

MDR Tracking Number: M5-04-4092-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution –General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 7-30-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that office visits, conference by physician, manual therapy technique, therapeutic procedures, and neuromuscular reeducation from 9-8-03 through 11-4-03 were not medically necessary. Therefore, the requestor is not entitled to a reimbursement of the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity issues were not the only issues involved in the medical dispute to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 10-21-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

CPT code 99361 on 10-10-03 was denied with an F – Reduction according to medical fee guideline.

In accordance with Rule 133.307 (g)(3)(A-F), the Requestor submitted no office notes or reports to support this service. **Reimbursement is not recommended.**

This Finding and Decision is hereby issued this 24<sup>th</sup> day of January , 2005.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division

Enclosure: IRO Decision

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**NOTICE OF INDEPENDENT REVIEW DECISION**

October 18, 2004

**Re: IRO Case # M5-04-4092**

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is a Doctor of Chiropractic who is licensed by the State of Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. Letter to IRO from carrier 9/16/04
4. Employer's first report of injury
5. orthopedic surgeon reports 2/26/04, 1/22/03

6. TWCC letter of clarification 2/23/04
7. TWCC 69 forms
8. Peer reviews, 8/14/03, 7/10/03, 4/03
9. Operative reports 9/25/03, 9/18/03
10. Treatment log sheets
11. Comparative muscle / ROM tests 2/6/03
12. Report 5/6/03
13. Prescription from orthopedic surgeon
14. Orthopedic surgeon examination report 10/16/03
15. Office note 10/16/03
16. MRI reports of left shoulder, cervical and lumbar spine 3/21/03
17. Lower EMG / NCV report 6/5/03
18. Initial report 6/22/03

#### History

The patient injured her neck, lower back and left shoulder in \_\_\_\_ when she tried to break up a fight and was shoved into a locker. She has been treated with medication, injections, therapeutic exercises and chiropractic treatment.

#### Requested Service(s)

Office visits, conference by physician, manual therapy technique, therapeutic procedures, neuromuscular reeducation 9/8/03 – 11/4/03

#### Decision

I agree with the carrier's decision to deny the requested services.

#### Rationale

The patient received an adequate trial of conservative treatment prior to the dates in dispute, which failed to be beneficial. Cervical medial branch facet lesioning then became necessary. An orthopedic surgeon reported on 11/22/03 that the patient stated that all of her neck pain was relieved by an injection that she had on 9/18/03, and that there had not been an lower back pain or leg pain in four months, and that she was fully employed.

The necessity of any of the treatment in this dispute is not supported by the documentation from the treating D.C. The D.C.'s treatment had failed to be of benefit prior to the cervical injection on 9/18/04. The D.C.'s documentation lacks subjective complaints and evidence of functional deficit that would make the disputed treatment reasonable and necessary.

Without complaints of pain, and without evidence of objective functional limitations, the necessity of treatment is not established. Continued treatment without revision of the treatment plan is not reasonable and necessary in the absence of functional, objective improvements.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Daniel Y. Chin, for GP